Maryland Medicaid Pharmacy Program
Drug Use Review (DUR) Board
Thursday, September 6, 2012
Meeting Minutes

CMC Advisory Committee Members: G. Cordts, B. Gilliam, P. Kahn, I. Kornbluth, L. Moricle, N. Sheth, B. Trentler, W. VanWie
Maryland Medicaid Pharmacy Program (MMPP): A. Alexandrou, L. Burgess, P. Holly, D. Klein, D. Shah, M. Shook, A. Taylor
Xerox: K. Farrakhan, J. Lafranchise
Health Information Designs, Inc. (HID) J. Paradis, J. Walker
Bishop House of Annapolis (Minutes): K. Holland
Magellan Medicaid Administration: M. Roberts

Introductions
Members of the CMC Advisory Committee introduced themselves. J. Lafranchise was introduced as the new Account Manager for Xerox. L. Burgess, the new psychiatrist with MMPP, was welcomed. She specializes in child and adolescent psychiatry and will be responsible for coordinating the Peer Review Program.

Minutes
Minutes from the June 7, 2012 meeting were approved by the Board with no changes.

Action Items
HID noted that a retrospective DUR review of patients on simvastatin 80 mg, those with simvastatin drug interactions and those taking citalopram >40mg, was completed. DUR intervention letters were mailed to prescribers and pharmacies for approximately 300 patients.

HID noted that there are now approximately 50 providers signed up to receive electronic copies of newsletters and advisories.

MMPP noted that in July and August, an outreach was made via email to contacts from chain pharmacies in an effort to improve response rates to DUR letters.

MMPP indicated that a hard edit is being developed for the interaction of clonazepam and any other benzodiazepine. This interaction is not alerted by the current therapeutic duplication edit that is in place since clonazepam is classified as an anticonvulsant and not an anti-anxiety agent. Once activated, the edit will be able to be overridden by the pharmacist after counseling the

patient or contacting the prescriber. Outreach education may be required before the edit is activated.

Comments from DUR Board members were incorporated in finalizing prior authorization criteria for the new hepatitis C drugs. Currently there is only one fee-for-service patient taking one of these drugs. Both drugs are preferred for fee-for-service recipients. HID noted that all of the MCOs include at least one or both the agents on their formulary. Board members noted that more patients would be treated with these agents in the near future.

MMPP noted there is an ongoing outreach to pharmacies to ensure that alerts for underutilization of antiretroviral medications does not result in patients leaving pharmacies without their medications.

MMPP noted that an address list of pharmacists has been obtained from The Board of Pharmacy.

HID indicated that a retrospective DUR evaluation was completed for approximately 200 patients taking antiretroviral drugs and other agents that may result in significant drug interactions. Educational DUR letters were mailed to prescribers and pharmacies.

MMPP noted that as of July 2012, the program for reviewing use of antipsychotics in children was expanded to include children under the age of ten (10). There were 1,700 in this age group taking antipsychotics at that time. These claims now require prior authorization by peer review of a clinical pharmacist and/or psychiatrist.

Xerox

A review of prospective DUR edit reports was given for the second quarter 2012. The top therapeutic duplications edits were for antipsychotics and anticonvulsants. For early refill edits, antidepressants and anti-anxiety drugs represented the highest number of edits. Top drug-drug interaction edits were for SSRIs and other antidepressants. With regard to conflict intervention and outcomes, the physician contacted outcome code was the most often utilized by the pharmacist. Call center numbers were fairly consistent with other quarters, although when PDL changes go into effect, those numbers tend to be higher.

Health Information Designs

A retrospective evaluation of high dose citalopram and simvastatin and drug interactions with both drugs was completed. DUR letters were also mailed for significant drug interactions with antiretroviral agents.

HID presented a brief overview of the data contained in the CMS annual report which is due at the end of September. The report is now in electronic format and includes a summary of

prospective DUR alerts, summary of DUR Board activities and reports of retrospective DUR studies completed.

Board members brought up for discussion the use of high dose citalopram and drug interactions since these are black box warnings in the product label. It was noted that response rates to the DUR letters was low and it may be advisable to take other action to address these interactions. Board members suggested that the significant drug interactions with citalopram be reviewed and perhaps a hard edit for these interactions be developed. HID and Xerox will develop a list of interactions with citalopram. The DUR Board will review the list at the December meeting and determine if a hard edit should be developed.

It was pointed out that Epocrates is available online to view the PDL and MCO formularies and that basic information is free of charge.

An announcement was made of the live continuing education at St. Agnes Hospital on Saturday, September 8th. The topic will be cardiovascular disease and diabetes.

The meeting adjourned at 10:00 a.m.